

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/586540

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7		/		/		
8		/		/		
9	/		/			
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11		/		/		
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42		/		/		
43		/		/		
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45		/		/		
46		/		/		
47	/		/			
48		/		/		
49		/		/		
50	/		/			
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51		/		/		
52		/		/		
53		/		/		
54		/		/		
55		/		/		
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57		/		/		
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93		/		/		
94		/		/		
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96		/		/		
97		/		/		
98		/		/		
99		/		/		
100		/		/		
TOTAL IND.	7	↓	7	↓		↓
TOTAL DEP.	67	←	61	←		←
TOTAL CLAIMS	74		68			